

CLAIMS ONLY	Application Number 09/905463	Filing Date
	Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/											
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50		/										
Total Indep	4											
Total Depend	46											
Total Claims	50											

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend	2					
Total Claims						

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